



APPLICATION FOR THE CITY AND COUNTIES OF ST. CHARLES MAYOR'S CHARITY BALL

Courtesy of the Mayor's Charity Ball Committee

To all Applicants:

On behalf of the Mayor's Charity Ball Committee, we take this opportunity to thank you for your interest in the application process for your charity. Over the past few years, the Mayor's Ball has dispersed moneys to many varied charities in the City and Counties of St. Charles. We have done so with great pleasure.

As our number of applicants has steadily increased, our committee has reviewed the process and implemented some changes in our policies. This has been done to give the greatest opportunity to the most people. We have placed a time restraint on our charity applications. All charities will only be eligible every other year for possible funding. In other words, if you received money last year for your charity, you will not be eligible this year for our funding. However, you will again be eligible next year.

We feel that capital projects are the most helpful for charities, as these one-time projects can help the most people and free up resources for the general operating budget of a charitable organization. We also feel that implementing innovative new programs are helpful if the charity sponsor can assure the committee that it will be funded continually without resources from the Mayor's Charity Ball Committee on a regular basis.

Please read the entire application before you start the process of completing it. Should you have any questions, please call the Mayor's Office and speak with *Michele Mooney*. The phone number is **636-949-3269**.

We thank you in advance for your interest in the Mayor's Charity Ball!

Mayor's Charity Application for Funding
From Net Proceeds of the City and Counties of St. Charles
Annual Mayor's Ball

The Mayor's Charity Ball Committee is pleased to provide you with the grant application and funding guidelines for our Mayor's Charity Ball 2014 which will be on **March 29, 2014** at The St. Charles Convention Center.

In order for your application to be processed and evaluated, it must be received at the following address **no later than November 29, 2013:**

**Mayor's Charity Ball Committee
c/o Mayor's Office
200 North Second Street
St. Charles, MO 63301**

Please review the attached instructions for completing the grant application. Grant applications that do not follow these instructions will not be considered.

FUNDING REQUIREMENTS:

1. The organization must be a not-for-profit with approved IRS determination of tax exemption.
2. Applications from charities in St. Charles County and all municipalities will be considered. The decision will be made by the committee no later than January 4, 2013. All charities will only be eligible every two years for possible funding.
3. If selected, the organization must have at least one representative participate in the event planning and the organization must provide active participation in the Mayor's Ball by purchasing a table to the event AND providing workers to help set up and work at the event.

***Thank you in advance for your interest.
Good luck!***



Date of Application: _____

Applicant Information:

1. Name, address and telephone number of organization requesting funds:

2. Name of contact person and their affiliation with the organization:

Organization's Background:

1. Describe the purpose of the organization and its primary activities or services:

2. Date and place of incorporation; (include number of years located in the City of St. Charles):

3. Indicate the geographical areas and population this organization serves:

4. For the past two years, list major corporate and foundation grants, including the amount of the grant. If possible, please keep to this space. If additional space is absolutely necessary, please list the remaining contributors and the associated funds on a separate sheet of paper labeled **APPENDIX A.**

Financial Information

1. Total project or program cost: **Total:** \$ _____
(Please include a complete itemized budget of the funds being requested in support of the project or program and describe the project/program labeled **APPENDIX B**)

2. Amount of funds requested: **Total:** \$ _____

3. Current year operating expenses: **Total:** \$ _____
(Please include a complete itemized budget labeled **APPENDIX C**)

a. Indicate percentage of overall budget directed towards fund- raising activities and Administration:

Fund Raising: \$ _____ %

Administration: \$ _____ %

4. Previous year operating expenses: **Total:** \$ _____

Indicate percentage of overall budget directed towards fund- raising activities and Administration:

Fund Raising: \$ _____ %

Administration: \$ _____ %

5. Projected next year operating expenses: **Total:** \$ _____

Fund Raising: \$ _____ %

Administration: \$ _____ %

6. Principal sources of support (current year):

Earned income:	\$	_____
Individual contributions:	\$	_____
Government contributions:	\$	_____
United Way:	\$	_____
Foundations / Corporations:	\$	_____
Fund raisers:	\$	_____
OTHER:	\$	_____

7. Reimbursement for Volunteer's costs: \$ _____

Personnel Background:

1. List Principal Officers and Board of Directors. Please include business affiliation:

Name:	Title:	Business Affiliation:

2. Number of Members on the Board of Directors: _____

3. Number of Board Meetings held per year: _____

4. List the working committees of the Board and how often they meet:

Committees:	How Often they Meet?

5. Additional Sources of Grant Funds requested:

6. Please list other sources and the amounts of funding you are requesting for this project, if any:

Corporate Foundation	Amount Requested	Status

**Please give a detailed description of the project or program for which funds are being requested.
If possible, break out expenses for the project or program and please be specific:**

Please explain the overall mission of your organization:

Please explain why you feel your organization should receive this request: